

## **INSTRUCTIONS FOR PURCHASING GROUP APPLICATIONS**

The State of Utah, in accordance with the Risk Retention Act of 1986 (the Act,) requires a Purchasing Group wishing to operate in Utah to provide the information requested below. Please use the attached forms when supplying this information.

1. Application Fee of **\$252**  
E-Commerce and Technology Fee\* **\$50**  
\*Annual fee for use by Utah Insurance Department to develop e-commerce applications to facilitate electronic data interchange between the Department, its licensees, other regulatory agencies, and the public.
2. The state in which the group is domiciled.
3. The date group was organized.
4. The lines and classifications of liability insurance the purchasing group intends to purchase.
5. The identity and state of domicile of the insurance company from which the group intends to purchase its insurance.

**PLEASE NOTE: The insurance company used by the Purchasing Group must be licensed or an approved surplus lines carrier in Utah to cover purchasing group risks located in this State.**

6. Identify the principal place of business of the group.
7. The Commissioner of Insurance of the State of Utah or his successors shall be made an agent of the Purchasing Group solely for the purpose of receiving service of legal documents or process.

### **INCLUDED IN APPLICATION FEE**

8. A signed statement by the principal officers of the company certifying that all members of the group have like or similar risk exposure.

**SUBMISSIONS THAT DO NOT COMPLY WITH THESE PROCEDURES WILL BE CONSIDERED INCOMPLETE AND WILL BE RETURNED WITHOUT ACTION, REJECTED SUBMISSIONS THAT ARE RESUBMITTED ARE TREATED, AS NEW AND NEW SUBMISSIONS FEES ARE REQUIRED.**

If you have any questions contact Stephanie Grill at 801-537-9177 or [sgrill@utah.gov](mailto:sgrill@utah.gov)  
Insurance Tech at the Utah Insurance Department.

STATE OF UTAH  
Insurance Department

Purchasing Group Disclosure Statement

Name of Purchasing Group \_\_\_\_\_

State of Domicile \_\_\_\_\_ Date Group Organized \_\_\_\_\_

Purchasing Group State Identification Number \_\_\_\_\_

Principal Place of Business of the Group \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Name of company\* insurance to be purchased from:

Name \_\_\_\_\_

NAIC Number: \_\_\_\_\_ State of Domicile \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Lines of liability coverage to be purchased:

\_\_\_\_\_

\_\_\_\_\_

I (We), the principal officers of this Purchasing Group, certify that the members of this Purchasing Group have like or similar risk exposures as defined by the Risk Retention Act of 1986.

\_\_\_\_\_  
(Name, please print) (Title)

\_\_\_\_\_  
(Signature)

Date \_\_\_\_\_

\*(attach additional sheets if more than one company will be used.)

## STATE OF UTAH

### APPLICATION FOR REGISTRATION AS A PURCHASING GROUP

FEIN NUMBER \_\_\_\_\_

1. List the exact name of the Purchasing Group.
2. Indicate the form of organization or incorporation.
3. The Purchasing Group is domiciled in the State of:
4. List any other names under which the Purchasing Group is or may be doing business in this State or any other State if different than above.
5. List the complete physical address of the Purchasing Group.
6. List the name, address and telephone number of the principal staff person or officer of the Purchasing group who has knowledge of its insurance program, including membership criteria, coverage, and key personnel of the group's administrator and insurance carrier.
- 6A. List the name, address and telephone number of the firm that acts as the administrator of the purchasing group and the name of the principal account executive responsible for the group's insurance program.
- 6B. List the name of the principal agent or broker responsible for the sale or purchase of the group's liability insurance.

7. List the name, address and occupations of the principal officers and directors of the Purchasing Group. Attach additional pages if necessary.

PRINCIPAL OFFICERS

PRINCIPAL DIRECTORS

8. The Purchasing Group is composed of members whose business or activities are similar or related with respect to the liability to which members are exposed by virtue of any relate, similar or common business, trade, product, services, premises or operations. Give a general description of business or activities engaged in by purchasing group members.
9. The Purchasing Group has as one of its purposed the purchase of liability insurance on a purchasing group basis.
10. The purchasing Group purchases such liability insurance only for its members and only to cover their Similar or related liability exposure, as described in item (8) above.
11. The Purchasing Group intends to purchase the following lines and classification of liability insurance:
12. The Purchasing Group intends to purchase the liability insurance described in item (11) above from the following insurance company or companies. Give full name of company, state of domicile:
13. List the name and address of the licensed agent or broker through who purchases will be effected. Complete this item only if purchase of insurance is to be made from a surplus lines insurer. rather than from a licensed insurer.

14. If the purchasing group transacts insurance business by means of a "direct offering" (without using insurance producers to market its program), list the name and address of each person not listed in (13) above who will be transacting business on behalf of the purchasing group. (You need not include the name of licensed insurance producers duly appointed by an admitted insurer.)
15. Has any person transacting business on behalf of this Purchasing Group ever:
- (A) been arrested, indicted and convicted of a felony or is a felony charge currently pending against any such person?
  - (B) had denied any application for a professional, vocational or business license?
  - (C) had suspended or revoked any such license?
  - (D) had withdrawn or surrendered any such application or license to avoid potential disciplinary action against licensee?

If the answer to any part of these questions is yes, attach a supplementary statement explaining in full each such occurrence.

We do hereby swear and affirm that the aforementioned statements and information are true and correct.

\_\_\_\_\_  
President or Chief Executive Officer

\_\_\_\_\_  
Secretary

Sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Notary Public, State of \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

## APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE

The \_\_\_\_\_, a  
Risk Purchasing Group (called the Group) duly organized under the laws of the  
State of \_\_\_\_\_ appoints the Insurance Commissioner of the State of Utah, and his  
successors in office, to be its lawful attorney upon who all legal process in any action or proceeding  
against it shall be served, and further agrees that any lawful process against it which is served upon this  
attorney shall have the same legal validity as if served personally upon the Group.

The Group gives the Insurance Commissioner, and his successors, full authority to do every act  
necessary to be done under this appointment as fully as the group could do it personally present, and  
ratifies all that the Insurance Commissioner shall lawfully do under the power granted by this  
appointment. This authority may be withdrawn only upon a written notice of revocation and in any case  
shall continue in effect so long as any liability arising out of this appointment remains outstanding in the  
State. This instrument is executed pursuant to and shall be construed to constitute full compliance with  
Section 3(a)(l)(D) of the Liability Risk Retention Act of 1986.

The Group designates \_\_\_\_\_ whose  
address is \_\_\_\_\_, as the  
person to whom process against the Group served upon the Commissioner shall be forwarded.

IN WITNESS OF THIS APPOINTMENT, the Group, pursuant to a resolution duly adopted by  
its Board of Directors, has caused this instrument to be executed in its name by its President and  
Secretary, and its corporate seal to be affixed at the city of \_\_\_\_\_

State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Attest:

\_\_\_\_\_

Secretary

\_\_\_\_\_

Name of Purchasing Group

\_\_\_\_\_

By President

\_\_\_\_\_